

## **MONTANA BOARD OF ATHLETICS**

301 So Park Ave, 4<sup>th</sup> Floor  
PO Box 200513  
Helena MT 59620-0513  
Phone: (406) 841-2334 Fax: (406) 841-2309  
E-MAIL: [dlibsath@mt.gov](mailto:dlibsath@mt.gov)  
WEBSITE: <http://www.athleticboard.mt.gov>

### **APPLICATION PROCEDURES FOR:**

## **OFFICIAL AND MANAGER/TRAINER**

1. Referee
2. Judge
3. Knockdown Judge
4. Second/Cornerperson
5. Manager/Trainer

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board receives your complete application)

### **GENERAL INFORMATION:**

- APPLICATION:** The Board must receive all applications before, or on the date of the athletic event. A notarized signature is required on applications mailed to the Board office.
- FEE:** \$45 fee payable to the Montana Board of Athletics. Fee must accompany the application. All fees are non-refundable.
- RENEWAL:** All licenses expire on June 30 of each year.
- PHOTO:** Must submit a full-face photograph of head and shoulders.
- LAWS & RULES:** Licensees are required to know and adhere to the laws and rules pertaining to the Montana Board of Athletics. Current statutes and rules are located on the Board's website at: <http://www.athleticboard.mt.gov>.

### **LICENSE REQUIREMENTS FOR REFEREE**

1. Must present evidence of three years experience as a boxing referee.
2. Must provide names, address, and phone numbers of three references that can attest to applicant's experience and integrity as a referee.
3. Must provide proof of physical fitness if applicant has not been actively refereeing within three years prior to application.

**LICENSE REQUIREMENTS FOR JUDGE AND KNOCKDOWN JUDGE**

1. Must provide evidence of three years experience as a boxing or kickboxing judge.
2. Must provide name, address, and phone number of three references that can attest to applicant's judging experience and integrity.

**LICENSE REQUIREMENTS FOR MANAGER/TRAINER**

1. Must provide list of names of all boxers under contract.
2. Must submit original or true copy of contestant contract at least 48-hours prior to event.

**LICENSE REQUIREMENTS FOR CORNERPERSON/SECOND**

1. Must be 18 years of age or older.
2. Must present evidence of having assisted at boxing events.
3. Must provide name, address, and phone number of three references that can attest to the applicants ring experience and integrity.
4. Must provide name of contestant (s) in whose corner the applicant previously assisted at ringside.

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**CURRENT  
PICTURE  
REQUIRED**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

APPLICATION FOR: **OFFICIAL AND MANAGER/TRAINER**

**(A fee of \$45 must be submitted with application)**

Check one of the following:

Referee

Knockdown Judge

Cornerperson/Second

Judge

Manager/Trainer

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Foreign ID Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate you preferred mailing address

\_\_\_\_ Home

\_\_\_\_ Business

Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business (Present Employer) Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Name \_\_\_\_\_

**All applicants must answer the following questions.**

If you answer "yes", provide a detailed explanation on a separate sheet of paper.

YES NO

1. Do you intend to practice in the State of Montana?
2. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.
3. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.
4. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.
5. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.
6. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.
7. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.
8. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation.
9. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.
10. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.
11. Do you currently hold any professional or occupational license in Montana or another state? If yes, provide the following information:

State/Province/Territory	License Number	Date Issued (mm/dd/yyyy)	Is License Current (Yes or No)	Type of License

## EXPERIENCE

- **Referee:** Must provide evidence of three years experience as a boxing referee.
- **Judge and Knockdown Judge:** Must provide evidence of three years experience as a boxing or kickboxing judge.
- **Cornerperson/Second:** Must provide evidence of having assisted at boxing or wrestling events.

(Attach separate sheet if necessary.)

## REFERENCES

(Applies to referee, judge, knockdown judge or cornerperson/second)

List the names, addresses, and phone numbers of three (3) individuals that can attest to your experience and integrity.

Name	Mailing Address	City	State	Zip	Phone

## REFEREE

(Attach to this application a current physician's examination as proof of physical fitness, if you have not been actively refereeing within three years prior to application)

## CORNERPERSON/SECOND

List of contestant (s) in whose corner you have assisted at ringside. (Attach separate sheet if necessary.)

## MANAGERS/TRAINERS

List names of all contestants under contract (Attach separate sheet if necessary.)

Name	Mailing Address	City	State	Zip	Phone Number

## ORIGINAL OR TRUE CONTRACT

Managers/trainers must submit original or true copy of contestant contract at least 24-hours prior to event.  
(Contract forms are available from the Board office)

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Athletics.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for licensure. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Montana Board of Athletics.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
(County) of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by  
Month Day Year  
(name(s) of person(s) making statement)\_\_\_\_\_

\_\_\_\_\_  
(Signature of notarial officer)

SEAL

\_\_\_\_\_  
Title (and Rank)

\_\_\_\_\_  
Residing at

My commission expires \_\_\_\_\_